

ELIGIBILITY AND APPLICATION INSTRUCTIONS

Please read these requirements and instructions carefully BEFORE filling out the application.

The application process below is the only way to apply for gifts on your child's behalf. We are not accepting applications via email, social media messages, or over the phone.

PROGRAM ELIGIBILITY

- Applicant and ALL children listed on the application **must be residents of Greene County, VA.** Proof of Greene County residency is required.
- Gifts are only provided to children aged infant to 14 years.
- Applicant **must be the parent or legal guardian** of all the children listed on the form.
- Application **must be filled out completely** with all requested information.
- Incomplete, illegible, duplicate, or falsified applications will not be considered.
- All application information is kept private and confidential.

INSTRUCTIONS

- All applications must be received **by November 25, 2020.**
- Applications must be completed in one of the following ways:
 1. Fill out and submit the form on our website WomansClubGreene.org.
 2. Fill out the attached form and mail it to us at the address listed on the form.
 3. Fill out the attached form and put it in the drop box at Greene County Social Services.
- Once an application is processed and accepted, a **confirmation letter** will be sent to the Applicant's mailing address. The letter will contain information about gift distribution including the date, time, and location.
- **To pick up gifts, the applicant must bring the CONFIRMATION LETTER and PHOTO ID.**

PLEASE KEEP THIS PAGE FOR YOUR RECORDS.

FILL OUT AND SUBMIT THE NEXT PAGE.

Caring for the Children Christmas Gift Program

APPLICATION FORM

PLEASE PRINT CLEARLY

CHILD'S FIRST and LAST NAME

GENDER AGE BIRTH DATE

1. _____

2. _____

3. _____

For more space, please use back of this paper. Maximum six children.

PARENT OR LEGAL GUARDIAN

FIRST & LAST NAME _____

ACTUAL RESIDENCE

ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____ (Only used in case of emergency)

By signing this form, I certify and acknowledge the following:

- The information I entered is true and correct.
- I am the parent or legal guardian of the children listed on this form, and a resident of Greene County, VA.
- All children listed on this form are residents of Greene County, VA.
- To pick up gifts, I will bring the CONFIRMATION LETTER I receive in the mail and a PHOTO ID with proof of Greene County residency.
- I have read and agree to the Eligibility and Instructions on the previous page.

PARENT OR LEGAL GUARDIAN

SIGNATURE _____

DATE SIGNED _____

**Return completed and signed application to Greene County Social Services Drop Box
or mail to:**

**WOMAN'S CLUB OF GREENE COUNTY
P.O. Box 352
Stanardsville, Virginia 22973**